

# ACADEMIC SECURITY



Sept 2004

**UNITED STATES ARMY  
SOLDIER SUPPORT INSTITUTE  
ADJUTANT GENERAL SCHOOL  
PROCESS A DROPPED FROM ROLLS PACKET**

# **Handout**

## Action: Process a DFR Packet

### Conditions:

#### Given access to :

- a. AR 630-10 Extract.
- b. AR 600-8-6 Extract.
- c. DA PAM 600-8 Extract.
- d. DA Form 4187 (Personnel Actions).
- e. DA Form 4384 (Commander's Report of Inquiry/Unauthorized Absence).
- f. DA Form 2823 (Sworn Statement).
- g. DA Form 268 (Report To Suspend Favorable Personnel Actions).
- h. DA Form 3078 (Personal Clothing Request).
- i. Letter to next of kin (NOK).
- j. DA Form 137 (Installation Clearance Record).
- k. DD Form 458 (Charge Sheet).
- l. DD Form 553 (Deserter/Absentee wanted by the Armed Forces).
- m. Medical and Dental records.
- n. Enlisted Records Brief (ERB).
- o. Military Orders, if Soldier is PCSing or TDY in transit and fails to report as ordered.
- p. Standard office supplies and equipment.

### Standard:

1. Obtained all documents required in the DFR packet.
2. Assembled all documents required in the DFR packet.
3. Forwarded all documents through the supporting PSB to USADIP (United States Army Deserter Information Point).

**PERSONNEL ACTION**

For use of this form, see AR 600-8-6 and DA PAM 600-8-21; the proponent agency is ODCSPER

**DATA REQUIRED BY THE PRIVACY ACT OF 1974**

**AUTHORITY:** Title 5, Section 3012; Title 10, USC, E.O. 9397.  
**PRINCIPAL PURPOSE:** Used by soldier in accordance with DA PAM 600-8-21 when requesting a personnel action on his/her own behalf (Section III).  
**ROUTINE USES:** To initiate the processing of a personnel action being requested by the soldier.  
**DISCLOSURE:** Voluntary. Failure to provide social security number may result in a delay or error in processing of the request for personnel action.

1. THRU (Include ZIP Code) Commander 369th AG Bn Fort Jackson, South Carolina 29207	2. TO (Include ZIP Code) Commander 369th PSB Fort Jackson, South Carolina 29207	3. FROM (Include ZIP Code) Commander D Co, 369th AG Bn Fort Jackson, South Carolina 29207
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**SECTION I - PERSONAL IDENTIFICATION**

4. NAME (Last, First, MI) Smith, John L.	5. GRADE OR RANK/PMOS/AOC PFC / 42A10	6. SOCIAL SECURITY NUMBER 976-54-6625
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**SECTION II - DUTY STATUS CHANGE (AR 600-8-6)**

7. The above soldier's duty status is changed from Absent Without Leave to \_\_\_\_\_  
Dropped From the Rolls effective 0001 hours, 13 June 2010

**SECTION III - REQUEST FOR PERSONNEL ACTION**

8. I request the following action: (Check as appropriate)

Service School (Enl only)	Special Forces Training/Assignment	Identification Card
ROTC or Reserve Component Duty	On-the-Job Training (Enl only)	Identification Tags
Volunteering For Oversea Service	Retesting in Army Personnel Tests	Separate Rations
Ranger Training	Reassignment Married Army Couples	Leave - Excess/Advance/Outside CONUS
Reassignment Extreme Family Problems	Reclassification	Change of Name/SSN/DOB
Exchange Reassignment (Enl only)	Officer Candidate School	Other (Specify)
Airborne Training	Asgmt of Pers with Exceptional Family Members	

9. SIGNATURE OF SOLDIER (When required)	10. DATE (YYYYMMDD)
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**SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)**

The effective date of AWOL was 14 May 2010.

**SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL**

11. I certify that the duty status change (Section II) or that the request for personnel action (Section III) contained herein -

☒ HAS BEEN VERIFIED    ☐ RECOMMEND APPROVAL    ☐ RECOMMEND DISAPPROVAL    ☐ IS APPROVED    ☐ IS DISAPPROVED

12. COMMANDER/AUTHORIZED REPRESENTATIVE WILLIAM A. BURNS, CPT, AG, Cdr	13. SIGNATURE / s /	14. DATE (YYYYMMDD) 20100613
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<b>COMMANDER'S REPORT OF INQUIRY/UNAUTHORIZED ABSENCE</b> <small>For use of this form, see AR 630-10; the proponent agency is MILPERCEN.</small>					
1. NAME <i>(Last, first, middle)</i>			2. RANK		3. SSN
4. ORGANIZATION			5. INITIAL DATE OF UNAUTHORIZED ABSENCE		
6. PHYSICAL DESCRIPTION					
a. HEIGHT	b. WEIGHT	c. AGE	d. COLOR HAIR	e. COLOR EYES	f. GLASSES <input type="checkbox"/> YES <input type="checkbox"/> NO
g. SCARS, IDENTIFYING MARKS, ETC.					
7. DRIVER'S LICENSE NO. & VEHICLE ID					
8. RELATIVES					
NAME		ADDRESS		RELATIONSHIP	
9. COMPETENT WITNESSES AND CLOSE FRIENDS <i>(Indicate summary testimony, if given, in item 13)</i>					
NAME		ADDRESS		SSN	GRADE
10. POSSIBLE CONTRIBUTING FACTORS CAUSING AWOL <input type="checkbox"/> MARITAL STRIFE <input type="checkbox"/> INDEBTEDNESS <input type="checkbox"/> TROUBLE WITH SUPERIORS <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER <i>(Specify)</i>					
11. RECORD OF ANY EVIDENCE OF THE FOLLOWING <input type="checkbox"/> MENTAL INSTABILITY <input type="checkbox"/> INABILITY TO ADJUST TO MILITARY LIFE <input type="checkbox"/> FOUL PLAY <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUG USE <input type="checkbox"/> INTENT NOT TO RETURN <input type="checkbox"/> EVIDENCE OF SHIRKING IMPORTANT/HAZARDOUS DUTY <input type="checkbox"/> DISSENT FROM FOREIGN POLICIES OF THE US <input type="checkbox"/> OTHER <i>(Specify)</i>					
12. PERTINENT EVIDENCE FOUND IN PERSONAL EFFECTS <i>(If none, so state)</i>					
13. CONTINUATION/REMARKS <i>(If additional space is necessary, continue on reverse, specifying item no.)</i>					
14. AUTHENTICATION <i>(Signature, title, organization, and date)</i>					

**DA FORM 4384, OCT 79**

REPLACES DA FORM 4384-R, 1 JUL 75, WHICH IS OBSOLETE.

USAPPC V1.00

**UNIT FILE**

**SWORN STATEMENT**

For use of this form, see AR 190-45; the proponent agency is ODCSOPS

**PRIVACY ACT STATEMENT**

**AUTHORITY:** Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).  
**PRINCIPAL PURPOSE:** To provide commanders and law enforcement officials with means by which information may be accurately  
**ROUTINE USES:** Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.  
**DISCLOSURE:** Disclosure of your social security number is voluntary.

1. LOCATION	2. DATE (YYYYMMDD)	3. TIME	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS	
8. ORGANIZATION OR ADDRESS			

9.  
I, \_\_\_\_\_, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF _____ PAGES
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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT \_\_\_\_\_ TAKEN AT \_\_\_\_\_ DATED \_\_\_\_\_"

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE INDICATED.

USE THIS PAGE IF NEEDED. IF THIS PAGE IS NOT NEEDED, PLEASE PROCEED TO FINAL PAGE OF THIS FORM.

STATEMENT OF \_\_\_\_\_ TAKEN AT \_\_\_\_\_ DATED \_\_\_\_\_

9. STATEMENT *(Continued)*

INITIALS OF PERSON MAKING STATEMENT

PAGE OF PAGES

STATEMENT OF \_\_\_\_\_ TAKEN AT \_\_\_\_\_ DATED \_\_\_\_\_

9. STATEMENT *(Continued)*

**AFFIDAVIT**

I, \_\_\_\_\_, HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE \_\_\_\_\_. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

\_\_\_\_\_  
*(Signature of Person Making Statement)*

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ at \_\_\_\_\_

\_\_\_\_\_  
ORGANIZATION OR ADDRESS

\_\_\_\_\_  
*(Signature of Person Administering Oath)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*(Typed Name of Person Administering Oath)*

\_\_\_\_\_  
ORGANIZATION OR ADDRESS

\_\_\_\_\_  
*(Authority To Administer Oaths)*

INITIALS OF PERSON MAKING STATEMENT

PAGE OF PAGES

**REPORT TO SUSPEND FAVORABLE PERSONNEL ACTIONS (FLAG)**

For use of this form, see AR 600-8-2; the proponent agency is MILPERCEN.

**SECTION I - ADMINISTRATIVE DATA**

1. NAME (Last, First, MI) Smith, John L.	2. SSN 976-54-6625	3. RANK PFC
4. <input checked="" type="checkbox"/> On active duty <input type="checkbox"/> Not on active duty <input type="checkbox"/> On ADT	5. ETS/ESA/MRD 20120623	
6. UNIT ASSIGNED AND ARMY MAJOR COMMAND D Co, 369th AG Bn, TRADOC	7. STATION (Geographical location) Fort Jackson, South Carolina	
8. PSC CONTROLLING FLAGGING ACTION AND TELEPHONE NUMBER 12th PSB, Fort Jackson, South Carolina 734-0001		
9. THIS ACTION IS TO: <input checked="" type="checkbox"/> Initiate a flag (Sections II and V only) <input type="checkbox"/> Transfer a flag (Sections III and V only) <input type="checkbox"/> Remove flag (Sections IV and V only)		

**SECTION II - INITIATE A FLAG**

10. <input checked="" type="checkbox"/> A FLAG IS INITIATED, EFFECTIVE <u>14 May 2010</u> FOR THE FOLLOWING REASON:														
<table border="0"><thead><tr><th><u>NON-TRANSFERABLE</u></th><th><u>TRANSFERABLE</u></th></tr></thead><tbody><tr><td><input checked="" type="checkbox"/> Adverse action (A)</td><td><input type="checkbox"/> APFT failure (J)</td></tr><tr><td><input type="checkbox"/> Elimination - field initiated (B)</td><td><input type="checkbox"/> Weight control program (K)</td></tr><tr><td><input type="checkbox"/> Removal from selection list - field initiated (C)</td><td></td></tr><tr><td><input type="checkbox"/> Referred OER (D)</td><td></td></tr><tr><td><input type="checkbox"/> Security violation (E)</td><td></td></tr><tr><td><input type="checkbox"/> HQDA use only - elimination or removal from selection list (F)</td><td></td></tr></tbody></table>	<u>NON-TRANSFERABLE</u>	<u>TRANSFERABLE</u>	<input checked="" type="checkbox"/> Adverse action (A)	<input type="checkbox"/> APFT failure (J)	<input type="checkbox"/> Elimination - field initiated (B)	<input type="checkbox"/> Weight control program (K)	<input type="checkbox"/> Removal from selection list - field initiated (C)		<input type="checkbox"/> Referred OER (D)		<input type="checkbox"/> Security violation (E)		<input type="checkbox"/> HQDA use only - elimination or removal from selection list (F)	
<u>NON-TRANSFERABLE</u>	<u>TRANSFERABLE</u>													
<input checked="" type="checkbox"/> Adverse action (A)	<input type="checkbox"/> APFT failure (J)													
<input type="checkbox"/> Elimination - field initiated (B)	<input type="checkbox"/> Weight control program (K)													
<input type="checkbox"/> Removal from selection list - field initiated (C)														
<input type="checkbox"/> Referred OER (D)														
<input type="checkbox"/> Security violation (E)														
<input type="checkbox"/> HQDA use only - elimination or removal from selection list (F)														

**SECTION III - TRANSFER A FLAG**

11. <input type="checkbox"/> A FLAG IS TRANSFERRED FOR THE FOLLOWING REASON:						
<table border="0"><tr><td><input type="checkbox"/> Adverse action - HQDA directed reassignment (G)</td><td><input type="checkbox"/> APFT failure (J)</td></tr><tr><td><input type="checkbox"/> Adverse action - punishment phase (H)</td><td><input type="checkbox"/> Weight control program (K)</td></tr><tr><td colspan="2"><input type="checkbox"/> Supporting documents attached? <input type="checkbox"/> Yes <input type="checkbox"/> No</td></tr></table>	<input type="checkbox"/> Adverse action - HQDA directed reassignment (G)	<input type="checkbox"/> APFT failure (J)	<input type="checkbox"/> Adverse action - punishment phase (H)	<input type="checkbox"/> Weight control program (K)	<input type="checkbox"/> Supporting documents attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Adverse action - HQDA directed reassignment (G)	<input type="checkbox"/> APFT failure (J)					
<input type="checkbox"/> Adverse action - punishment phase (H)	<input type="checkbox"/> Weight control program (K)					
<input type="checkbox"/> Supporting documents attached? <input type="checkbox"/> Yes <input type="checkbox"/> No						

**SECTION IV - REMOVE A FLAG**

12. <input type="checkbox"/> A FLAG IS REMOVED, EFFECTIVE _____ FOR THE FOLLOWING REASON:				
<table border="0"><tr><td><input type="checkbox"/> Case closed favorably (C)</td><td><input type="checkbox"/> Soldier transferred to a different Army component or discharged while case in process (destroy case file) (E)</td></tr><tr><td><input type="checkbox"/> Disciplinary action taken (D)</td><td><input type="checkbox"/> Other final action (E)</td></tr></table>	<input type="checkbox"/> Case closed favorably (C)	<input type="checkbox"/> Soldier transferred to a different Army component or discharged while case in process (destroy case file) (E)	<input type="checkbox"/> Disciplinary action taken (D)	<input type="checkbox"/> Other final action (E)
<input type="checkbox"/> Case closed favorably (C)	<input type="checkbox"/> Soldier transferred to a different Army component or discharged while case in process (destroy case file) (E)			
<input type="checkbox"/> Disciplinary action taken (D)	<input type="checkbox"/> Other final action (E)			

**SECTION V - AUTHENTICATION**

DISTRIBUTION 1 - Unit Commander 1 - F&AO 1 - PSC 1 - Commander, gaining unit (transfer flag only)		
NAME, RANK, TITLE, AND ORGANIZATION WILLIAM A. BURNS, CPT, COMMANDER D CO, 369TH AG BN	SIGNATURE / S /	DATE 20100514



PERSONAL CLOTHING REQUEST										1. DOCUMENT NO.		2. VOUCHER NO.		3. DATE					
For use of this form, see AR 700-84; the proponent agency is DCSLOG (SEE REVERSE FOR PRIVACY ACT STATEMENT)														31 March 1993					
4. NAME (Last, First, MI)  Tentpeg, Tommie T.						8. DODAAC		9. PRIORITY		10. ARMY MILITARY CLOTHING SALES STORE  Ft. Lee, VA									
5. SSN 123-45-6789				6. GRADE E-1		11. CATEGORY (Check one) <input checked="" type="checkbox"/> Active Army <input type="checkbox"/> NG <input type="checkbox"/> USAR <input type="checkbox"/> IMA <input type="checkbox"/> AGR <input type="checkbox"/> IRR				12. TYPE OF TRANSACTION <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Gratuitous <input type="checkbox"/> Replacement <input type="checkbox"/> Supplemental <input type="checkbox"/> Exchange <input type="checkbox"/> Temporary <input type="checkbox"/> Individual Charge Sale									
7. ORGANIZATION Co T 249th Bde Ft. Lee, VA																			
13. INVENTORY		14. PHONE NO.		15. POSTED		16. AUTHORIZED BY AR 700-84, para 4-2													
DATE    BY		4-5298		DATE    BY		17. APPROVED BY I. Foldup, Capt, QMC						18. DATE APPROVED 31 March 1993							
19. QNTY		20. ARTICLES (Common)		21. SIZE		22. UNIT PRICE		23. TOTAL COST		24. QNTY		25. ARTICLES (Male)		26. SIZE		27. UNIT PRICE		28. TOTAL COST	
REQ.	ISS									REQ.	ISS								
		Bag, Duffel										Buckle, Brass							
		Belt, Trousers										Cap, Garrison, AG							
		Boot, Combat										Coat, All Weather							
		Buckle, Black										Coat, Poly/Wool, AG							
		Cap, Camouflage										Drawers, Brown							
1		Coat, Camou, HW		MR								Necktie, Black							
		Coat, Samou, Temp.										Shirt, LS, AG							
		Coat, Camou, CW										Shirt, SS, AG							
		Gloves, Bk, Unisex										Shoes, Oxford							
		Glove, Inserts										Socks, Cotton/Nylon							
		Glove, Flexor, LD								1		Trousers, Poly/Wool, AG		36					
		Handkerchief, Brown										Undershirt, White							
		Socks, Wool																	
		Sweatpants, Gray																	
		Sweatshirt, Gray																	
		T Shirt, Gray																	
		Towel, Bath																	
1		Trousers, Camou, HW		MR								Cap, Garrison, AG							
		Trunks, GP, Gray										Coat, All Weather							
		Trousers, Camou, Temp										Coat, Poly/Wool, AG							
		Undershirt, Brown										Handbag, Black							
												Necktab, Universal							
												Shirt, LS, AG							
												Shirt, SS, AG							
												Shoes, Oxford							
												Skirt, Poly/Wool, AG							
												Sleeks, Poly/Wool, AG							
30. REMARKS  To complete the initial issue of Pvt Tentpeg										31. SIGNATURE OF RECIPIENT  <i>Tommie T. Tentpeg</i>									

DA FORM 3078, MAY 93

EDITION OF JUN 91 IS OBSOLETE

Figure 5-2. Sample of completed DA Form 3078

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(Office Symbol)

(Letterhead)

(Date)

(Name and Address of Next of Kin)

Dear . . . :

I regret to inform you that \*A has been absent without leave from this unit since \*B. Your \*C absence could result in a trial by court-martial with loss of pay and allowances which could mean that \*D family members would lose all rights to receive allotments, medical care, commissary and post exchange privileges, and other military benefits. Continued absence could also result in confinement or dismissal with dishonorable or bad conduct discharge.

If you know where \*D is, please urge \*D to return immediately to military control at the nearest Army installation in order to avoid serious consequences of prolonged unauthorized absence.

Rest assured that \*D will be given a fair hearing and the opportunity to present any information on \*D behalf.

\*\*

Sincerely,

(Signature Block of Unit Commander)

**\*Notes:**

Underlines indicate variable information which will be added as circumstances warrant:

A--Name of service member.

B--Date absence began.

C--Relationship of member (*husband's, wife's, son's, etc.*).

D--Applicable pronoun (*he, his, him, she, her*).

\*\*If the absentee is in the pay grade of E-4 (4 years or less service), E-3, E-2, or E-1, and conditions in paragraph 2-3e(2), AR 630-10, apply, add the following fourth paragraph to the letter:

"Should your \*C fail to return to duty within the next 20 days, you may be eligible to receive a basic allowance for quarters to financially assist you for a period not to exceed 2 months beginning with the first day of \*D unauthorized absence. I am enclosing an application for you to complete and return to me as soon as possible."

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Figure 9-8-5. Sample letter to next of kin for AWOL

<b>INSTALLATION CLEARANCE RECORD</b> <small>For use of this form, see AR 608-8-101; the proponent agency is ODCSPER</small>					
<b>DATA REQUIRED BY THE PRIVACY ACT OF 1974</b>					
<b>AUTHORITY:</b> Section 301, Title 5, USC. <b>PRINCIPAL PURPOSE:</b> To ensure personnel readiness prior to PCS. To complete clearance verification prior to transition from active duty, separation, or retirement. <b>ROUTINE USES:</b> To close out installation personnel and finance records. To ensure debt to government or government sponsored agencies is identified and action taken to obtain remittance prior to soldier's transition from Active duty, separation or retirement. Forms will not be disclosed outside Department of Defense (DoD) and DoD sponsored agencies. <b>DISCLOSURE:</b> Disclosure is voluntary; however, failure to complete these forms may result in only partial payment of final pay.					
<b>INSTRUCTIONS TO SOLDIER:</b> This out-processing packet is designed to assist you and the installation in completing your final clearance as accurately and expeditiously as possible. It is your responsibility to properly complete this checklist. <b>If you are separating or retiring from the Active Army, failure to complete this checklist correctly and entirely will result in you receiving 55 percent of your final pay pending verification by DFAS of any outstanding debts.</b> Activities marked with an @ require clearance for all personnel separating or retiring from the Active Army, to include AGR personnel. Activities marked with an asterisk (*) require clearance for personnel departing on PCS. Activities not marked will be cleared per installation instructions. This checklist must be completed prior to your final finance appointment. Separation payments will not be released until installation clearance is completed.					
<b>SECTION A. - PERSONAL DATA</b> <i>(To be completed by commander, S1, out-processing control station, or appointed official)</i>					
1. NAME		2. RANK		3. SSN	
4. ORDERS NO.		5. GAINING UNIT		6. LOSING UNIT	
7. DATE OF ORDERS		8. REASON FOR CLEARING		9. DEPARTURE DATE	
<input type="checkbox"/> PCS <input type="checkbox"/> ETS <input type="checkbox"/> RETIREMENT <input type="checkbox"/> OTHER (Specify) _____					
<b>SECTION B. - INSTALLATION STANDARD CLEARANCES</b>					
10. INSTALLATION ACTIVITY		DEBT		11. TYPED NAME AND TELEPHONE NO.	
		a. YES	b. AMOUNT	c. NO	12. SIGNATURE
(1) Club System@*					
(2) Housing/Billeting@*					
(3) Education Office@*					
(4) Central Issue Facility@*					
(5) Dental Facility@*					
(6) Medical Facility@*					
(7) DEERS/ID Cards/ID Tags@*					
(8) Personnel Office/Promotions@*					
(9) Personnel Information@*					
(10) Transportation@*					

DA FORM 137-2-R, APR 97

REPLACES DA FORMS 137-R (DEC 92), 137-1-R (TEST), OCT 95, 137-2-R (TEST), OCT 95, AND 137-3-R (TEST), OCT 95, WHICH ARE OBSOLETE.

USAPPC V1.00

10. INSTALLATION ACTIVITY (Continued)	DEBT			11. TYPED NAME AND TELEPHONE NO.	12. SIGNATURE
	a. YES	b. AMOUNT	c. NO		
(11) Post Exchange@					
(12) Army Emergency Relief@					
(13) Commissary					
(14) Army Community Services					
(15) Provost Marshal					
(16) Library					
(17) Training Aids Center					
(18) Morale, Welfare, and Recreation					
(19) Commercial Activities					
(20)					
(21)					
(22)					
13. GOVERNMENT TRAVEL CARD@	13a. Does the soldier have an account? Yes <input type="checkbox"/> No <input type="checkbox"/> Disposition _____			13b. TYPED NAME AND TELEPHONE NO.	13c. SIGNATURE AND DATE
14. Soldier has completed ACAP Processing@	Yes <input type="checkbox"/> No <input type="checkbox"/> if no, remarks: _____			14a. TYPED NAME AND TELEPHONE NO.	14b. SIGNATURE AND DATE
<b>SECTION C - MILITARY PAY PROCESSING</b>					
15. Travel Pay Processing@*				15a. TYPED NAME AND TELEPHONE NO.	15b. SIGNATURE AND DATE
16. Separation Pay Processing@				16a. TYPED NAME AND TELEPHONE NO.	16b. SIGNATURE AND DATE
17. Debt Processing@				17a. TYPED NAME AND TELEPHONE NO.	17b. SIGNATURE AND DATE
<b>SECTION D - OUT-PROCESSING CONTROL STATION</b>					
18. Soldier has completed Out-Processing	Yes <input type="checkbox"/> No <input type="checkbox"/> Remarks: _____			18a. TYPED NAME AND TELEPHONE NO.	18b. SIGNATURE AND DATE

DA FORM 137-2-R, APR 97 (BACK)

USAPPC V1.00

<b>CHARGE SHEET</b>					
<b>I. PERSONAL DATA</b>					
<b>1. NAME OF ACCUSED</b> <i>(Last, First, Middle Initial)</i>			<b>2. SSN</b>		<b>3. GRADE OR RANK</b>
<b>4. PAY GRADE</b>			<b>5. UNIT OR ORGANIZATION</b>		
<b>6. CURRENT SERVICE</b>			<b>7. DATE(S) IMPOSED</b>		
<b>a. INITIAL DATE</b>			<b>b. TERM</b>		
<b>8. PAY PER MONTH</b>			<b>9. NATURE OF RESTRAINT OF ACCUSED</b>		<b>10. DATE(S) IMPOSED</b>
<b>a. BASIC</b>	<b>b. SEA/FOREIGN DUTY</b>	<b>c. TOTAL</b>	<b>11. NATURE OF RESTRAINT OF ACCUSED</b>		<b>12. DATE(S) IMPOSED</b>
<b>II. CHARGES AND SPECIFICATIONS</b>					
<b>13. CHARGE:</b> <span style="float: right;"><b>VIOLATION OF THE UCMJ, ARTICLE</b></span>  <b>SPECIFICATION:</b>					
<b>III. PREFERRAL</b>					
<b>14a. NAME OF ACCUSER</b> <i>(Last, First, Middle Initial)</i>			<b>b. GRADE</b>		<b>c. ORGANIZATION OF ACCUSER</b>
<b>d. SIGNATURE OF ACCUSER</b>			<b>e. DATE (YYYYMMDD)</b>		
<p>AFFIDAVIT: Before me, the undersigned, authorized by law to administer oath in cases of this character, personally appeared the above named accuser this _____ day of _____, _____, and signed the foregoing charges and specifications under oath that he/she is a person subject to the Uniform Code of Military Justice and that he/she either has personal knowledge of or has investigated the matters set forth therein and that the same are true to the best of his/her knowledge and belief.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p>_____ <i>Typed Name of Officer</i></p> <p>_____ <i>Grade</i></p> <p>_____ <i>Signature</i></p> </div> <div style="width: 45%;"> <p>_____ <i>Organization of Officer</i></p> <p>_____ <i>Official Capacity to Administer Oath</i> <i>(See R.C.M. 307(b) must be commissioned officer)</i></p> </div> </div>					

12.	On _____, _____, the accused was informed of the charges against him/her and of the name(s) of the accuser(s) known to me (See R.C.M. 308(a)). (See R.C.M. 308 if notification cannot be made.)		
	_____ <i>Typed Name of Immediate Commander</i>	_____ <i>Organization of Immediate Commander</i>	
	_____ <i>Grade</i>		
	_____ <i>Signature</i>		
<b>IV. RECEIPT BY SUMMARY COURT-MARTIAL CONVENING AUTHORITY</b>			
13.	The sworn charges were received at _____ hours, _____, _____ at _____ <i>Designation of Command or</i> <i>Officer Exercising Summary Court-Martial Jurisdiction (See R.C.M. 403)</i>		
	FOR THE <sup>1</sup> _____		
	_____ <i>Typed Name of Officer</i>	_____ <i>Official Capacity of Officer Signing</i>	
	_____ <i>Grade</i>		
	_____ <i>Signature</i>		
<b>V. REFERRAL; SERVICE OF CHARGES</b>			
<b>14a. DESIGNATION OF COMMAND OF CONVENING AUTHORITY</b>		<b>b. PLACE</b>	<b>c. DATE (YYYYMMDD)</b>
Referred for trial to the _____ court-martial convened by _____ _____, _____, _____, subject to the following instructions: <sup>2</sup> _____ By _____ of _____ <i>Command or Order</i> _____ <i>Typed Name of Officer</i> _____ <i>Official Capacity of Officer Signing</i> _____ <i>Grade</i> _____ <i>Signature</i>			
15.	On _____, _____, I (caused to be) served a copy hereof on (each of) the above named accused.		
	_____ <i>Typed Name of Trial Counsel</i>	_____ <i>Grade or Rank of Trial Counsel</i>	
	_____ <i>Signature</i>		
FOOTNOTES: 1 - When an appropriate commander signs personally, inapplicable words are stricken. 2 - See R.C.M. 601(e) concerning instructions. If none, so state.			

<b>DESERTER/ABSENTEE WANTED BY THE ARMED FORCES</b>				<b>1. DATE PREPARED (YYYYMMDD)</b>		<b>REPORT CONTROL SYMBOL</b> DD-P&R(SA)1454	
<b>2. TO</b> (Local, State or Federal law enforcement authority as indicated by Military Deserter Information Point)				<b>3. FROM</b> (Organization or activity and place from which absent. If unauthorized absence occurs in transit, list old and new unit in Remarks)			
<b>4. DISTRIBUTION</b>							
<b>5. ABSENTEE IDENTIFICATION</b>							
a. NAME (Last, First, Middle Initial)				b. GRADE/RANK/RATE		c. SEX	
e. PLACE OF BIRTH (City, State, Country)				f. DATE OF BIRTH (YYYYMMDD)		g. HEIGHT	
k. DIP CONTROL NUMBER				l. SERVICE		m. SOCIAL SECURITY NO.	
p. MILITARY OCCUPATION				r. PERMANENT RESIDENCE ADDRESS (Include Zip Code)			
q. CIVILIAN OCCUPATION							
<b>6. CURRENT ENLISTMENT</b>				<b>7. ENTRY INTO CURRENT PERIOD OF SERVICE</b>			
a. DATE (YYYYMMDD)		b. PLACE (City and State)		a. DATE (YYYYMMDD)		b. PLACE (City and State)	
<b>9. TIME OF ABSENCE</b>		a. DATE (YYYYMMDD)		b. HOUR		<b>10. ADMINISTRATIVE DATE OF DESERTION (YYYYMMDD)</b>	
<b>11. ESCAPED OR SENTENCED PRISONER (X as applicable)</b>				<b>12. DISCHARGE STATUS (X as applicable)</b>			
<input type="checkbox"/> YES		IF "YES," SPECIFY CHARGE		<input type="checkbox"/> a. DISCHARGED		<input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> NO				<input type="checkbox"/> b. SUSPENDED		<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>13. OPERATOR'S LICENSE</b>		a. NUMBER		b. STATE		c. EXP. DATE (YYYYMMDD)	
<b>14. VEHICLE LICENSE</b>		a. PLATE NO.		b. STATE		c. EXP. DATE (YYYYMMDD)	
<b>15. VEHICLE</b>		a. VEHICLE IDENTIFICATION NUMBER		b. YEAR		c. MAKE	
						d. MODEL	
						e. STYLE	
						f. COLOR	
<b>16. RELATIVES AND/OR PERSONS KNOWN BY ABSENTEE</b> (If more space is needed, continue in Remarks or on a separate page, making reference to this item number.)							
a. NAME (Last, First, Middle Initial)				b. ADDRESS (Include Zip Code)			
(1)							
(2)							
<b>17. CERTIFICATION</b> (See Notes on back)							
<p>The undersigned states: That he/she is a commissioned officer of the United States _____ (Military Department), presently assigned as the Commanding Officer, _____ (Unit from which the alleged deserter absented himself or herself), and in the performance of official duties imposed by Department of Defense Directive 1325.2 and _____ (Regulations of the Service concerned which implement DOD Directive 1325.2, e.g. Army Regulations 190-9 and 630-10), he/she has conducted an investigation into the status of _____ (Name and rank of alleged deserter), a member of the United States Armed Forces serving on active duty with _____ (Unit and Service from which the alleged deserter absented himself or herself), by questioning his/her unit cohorts; by examining and verifying the field service records of said service member which reflect his/her duty status; by requesting the member's next of kin to urge his/her voluntary return to military control if they are aware of his/her whereabouts; by inquiring to the fullest extent possible into the feasibility of other explanations for the member's absence, to include sickness, injury, hospitalization, and confinement by civil law enforcement officials; and officially ordered diversion from his/her unit of assignment by querying the member's losing unit (and en route temporary duty unit), the appropriate career management division, the servicing replacement organization, and the servicing Military Personnel and Transportation Assistance Office (and (See Note 1) _____).</p> <p>That based on the aforesaid investigation, the undersigned has personal knowledge that, on or about _____ (Date - YYYYMMDD), _____ (Name and rank of alleged deserter), did, without authority and with intent to remain away therefrom permanently, absent himself/herself from his/her unit/organization/place of duty, to wit: (See item 3 above) located at (See item 3) in violation of Section 885, Title 10, United States Code and he/she has remained continuously so absent until _____ (Date this statement is executed - YYYYMMDD). I state under penalty of perjury (under the laws of the United States of America (See Note 2) that the foregoing is true and correct. Executed on _____ (Date - YYYYMMDD).</p>							
<b>18. COMMANDING OFFICER</b>							
a. TYPED NAME (Last, First, Middle Initial)				b. GRADE		c. TITLE	
d. ORGANIZATION AND INSTALLATION				e. SIGNATURE (All copies)			
				f. DATE SIGNED (YYYYMMDD)			

**19. REMARKS** (*List peculiar habits and traits of character; unusual mannerisms and speech; peculiarities in appearance; clothing worn; aliases (names); marks and scars; tattoos; facial characteristics; complexion, posture; build, other SSN's used by individual; or other data that may assist in identification. List known facts, e.g., armed and dangerous, drug user, suicidal tendencies, guards are needed, etc.*)

#### INFORMATION

##### 1. AUTHORITY TO APPREHEND.

a. Any civil officer having the authority to apprehend offenders under the laws of the United States, or of a State, territory, commonwealth, possession, or the District of Columbia may summarily apprehend deserters from the Armed Forces of the United States and deliver them into custody of military officials. Receipt of this form and a corresponding entry in the FBI's NCIC Wanted Person File, or oral notification from military officials or Federal law enforcement officials that the person has been declared a deserter and that his/her return to military control is desired, is authority for apprehension.

b. Civil authorities may apprehend absentees (AWOL's) when requested to do so by military authorities.

##### 2. PAYMENT OF REWARD OR REIMBURSEMENT FOR EXPENSES.

a. **Rewards.** Receipt of this form, or oral or written notification from military authorities or Federal law enforcement officials, prior to apprehension of the individual, that the person is an absentee and that his/her return to military control is desired will be considered as an offer of reward. Persons or agency representatives (except salaried officers or employees of the Federal Government or servicemembers) apprehending or delivering absentees to military control are authorized:

(1) Payment for apprehension and detention of absentees until military authorities assume custody; or

(2) Payment for apprehension and delivery of absentees to a military installation.

b. **Reimbursement for Expenses.** Reimbursement may be made for actual expenses incurred when conditions for payment of a reward cannot be met. If two or more persons perform these services, payment will be made jointly or severally, but total payment to all may not exceed prescribed limitations.

c. **Payment.** Payment will be made to the person or agency representative actually making arrest and detention or delivery by the disbursing officer servicing the military facility to which the absentee is delivered and will be in full satisfaction of all

expenses of apprehending, keeping and delivering the absentee. Payment may be made whether the absentee surrenders or is apprehended. Payment will not be made for information leading to apprehension, nor for apprehension not followed by return to military control. Both reward and reimbursement may not be paid for the same apprehension and detention or delivery.

##### 3. INDIVIDUAL CLAIMS HE/SHE IS NOT ABSENT WITHOUT AUTHORITY.

When a detained individual claims that he/she is not absent without leave and does not have the papers to prove his/her claim, the apprehending person or agency representative should communicate directly by the most rapid means available, with the nearest military installation manned by active duty personnel. When necessary, communicate directly (telephone or telegraph) with the Deserter Information Point of the military service concerned.

a. **US Army.** USAEREC, United States Army Deserter Information Point (UDADIP)  
8899 East 56th Street  
Indianapolis, IN 46249-5301  
Telephone collect: Area Code (317) 510-3711

b. **US Navy.** Navy Absentee Collection and Information Center (NACIC)  
2834 Greenbay Road  
North Chicago, IL 60064  
Telephone collect: Area Code (847) 688-2106  
(or toll free: 1-800-423-7633)

c. **US Marine Corps.** Commandant, US Marine Corps  
Code POS-40  
2 Navy Annex  
Washington, DC 20380-1775  
Telephone collect: Area Code (703) 614-3248/3376

d. **US Air Force.** Headquarters AF Personnel Center (DPWCM)  
550 C Street West, Suite 14  
Randolph AFB, TX 78150-4716  
Telephone collect: Area Code (210) 566-3752  
(or toll free: 1-800-531-5501)

#### NOTES:

1. For use only when a servicemember fails to report to a gaining unit of assignment during a permanent change of station.
2. For use only when statement is executed outside the United States, its territories, possessions and commonwealths.



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(Office Symbol)

(Date)

(Name and Address of Next of Kin)

Dear . . . :

I refer to my letter of \*A in which I informed you that \*B had been absent without leave from this organization since \*C. \*D name was dropped from the rolls of this organization on \*E and \*D has been administratively classified as a deserter from the United States Army. Civilian and military law enforcement agencies have been notified of \*D status and requested to apprehend \*D. Spouse/family members of military personnel classified as deserters are not eligible for post exchange, commissary, medical care or other military privileges.

\*\*Therefore, you are requested to return your Uniformed Services Identification and Privilege Card(s), DD Form(s) 1173. A postage-free, preaddressed, envelope is inclosed for this purpose.

If you know where \*D is, please urge \*D to return to military control without further delay.

Sincerely,

(Signature Block of Unit Commander)

\*Notes:

Underlines indicate variable information which will be added as circumstances warrant:

A--Date of letter sent on the 10th day of AWOL.

B--Name of service member.

C--Date absence began.

D--Applicable pronoun (*he, his, him, she, her*).

E--Date service member was dropped from the rolls.

\*\*This paragraph will be used only when the next of kin possesses military identification card(s).

Figure 9-8-7. Sample letter to next of kin for DFR

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